MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(172)

07512

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Patuxent River, nr. Benedict
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Several hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 614 - Q (Kew) St., N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME: Laura Bates

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years: About 29 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Laurens, Laurens, So. Carolina
(Town, county, and state)

10. Usual occupation: Domestic Servant

11. Industry or business: Private homes

FATHER
12. Name: Drayton Bates,
13. Birthplace: Clinton Co., S. Carolina

MOTHER
14. Maiden name: Amanda Lomax
15. Birthplace: Clinton Co., S. Carolina

16. Informant: Roland Bates (brother)
Address: 614 - Q. St., N.W., Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/11/40 (month) (day) (year)
Cemetery or crematory: Paynes Cemetery
Location: Washington, D.C.

18. Funeral director: Robinson Co.
Address: 1342 - 4th St. N.W. ~~607 Q St. N.W.~~

19. July 11 1940 (Date rec'd by registrar) M L Mourik Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7, 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on July 10 1940, to ~~1940~~; and that ~~I last~~ saw ~~her~~ ~~him~~ on July 10, 1940

Immediate cause of death	DURATION
Drowning, prob. accidental	Minutes
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Prob. accident Date of: 7-7-40
Where did injury occur? Benedict, (City or town) Charles, (County) Md. (State)
Injured at home, farm, industry, public place (where?): Patuxent River
Means of injury: Fell or was pushed from boat Injured at work? No

23. SIGNATURE: James L. MacKenzie, M.D., Dep. Med. Examiner
M. D. or other
Address: La Plata, Md. Date signed: 7-10-40

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85-a)

CERTIFICATE OF DEATH

07513

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town Indian Head
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Helen Boyer.

3. (b) Social Security Number

4. Sex: F | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife T. C. Boyer.

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct 16 1889

8. AGE: Years 50 | Months 8 | Days 22 | If less than one day: hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Louis Kengla

13. Birthplace Washington D.C.

MOTHER 14. Maiden name Julia Dove

15. Birthplace Washington D.C.

16. Informant Julia A. Boyer

Address Indian Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10 40 (month) (day) (year)

Cemetery or crematory Bumpy Oak

Location Pomonkey, Md.

16. Funeral director Hunt & Ryon

Address Waldorf, Md.

19. July 8 1940 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to July 8 1940 and that I last saw her alive on July 4 1940

Immediate cause of death Cerebral Apoplexy. — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. A. Bickwell M.D.
M. D. or other

Address Marbury, Md. Date signed July 8, 40.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

07514

CERTIFICATE OF DEATH

Reg. Dist. No. 108

1. PLACE OF DEATH:

County: Charles

City or town: Near Hughesville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: St Marys

City or town: near Hughesville, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah L. Burnham

3. (b) Social Security Number: none

4. Sex: ~~M~~ Fe

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband ~~or wife~~: Henry Wilson Burnham

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 10 1864

8. AGE: Years 76 | Months 6 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace: Bryantown Md
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: John Johnson
13. Birthplace: Prince Geo Co Md

MOTHER
14. Maiden name: Sarah Bean
15. Birthplace: Chas. Co. Md

16. Informant: Louise Burnham
Address: Hughesville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-16-40 (month) (day) (year)

Cemetery or crematory: Old Field

Location: near - Hughesville, Md

18. Funeral director: Elmer M. Quade
Address: Hughesville, Md

19. 7/16/40 (Date rec'd by registrar) 19 Eva Chappelear Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940, to July 13 1940, and that I last saw her alive on July 13 1940.

Immediate cause of death: Ventricular Tibrillation — DURATION: Acute

Due to: Arterio-sclerosis Cement

Due to:

Other conditions: General Visceral Fatigue.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Hugh Taggart MD
M. D. or other
Address: Hughesville, Md Date signed: July 15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-E)

CERTIFICATE OF DEATH

07515

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: (Mrs A Dent)
County Charles
City or town Waldorf
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Waldorf Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs A Dent

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife L M Dent
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
76			hrs. min.

9. Birthplace Charles County
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Richard Dent
13. Birthplace Charles County

MOTHER
14. Maiden name Fannie Mitchell
15. Birthplace Charles County

16. Informant Mrs L M Dent
Address Waldorf

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13-40
(month) (day) (year)
Cemetery or crematory Mt Hope Cemetery July 13 1940
Location Pisgah

18. Funeral director Hunt & Bryan
Address Waldorf

19. July 11 1940 M. L. Moore
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 4 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 1935, to July 6 1940, and that I last saw h in alive on July 6 1940

Immediate cause of death	DURATION
Embolism from Hemorrhage of central Vein + gunshot wound	
Due to Accident + Trauma of Eye	
Due to Age	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thos Lyons M. D. or other
Address Waldorf Date signed July 11, 1940

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

07517

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: Richard Edward Heise (Heise)

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

B (b) Name of husband or wife: Catharine E. Heise

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Oct. 1, 1892

8. AGE: Years: 47 | Months: 9 | Days: 11 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Indian Head, Md.
(Town, county, and state)

10. Usual occupation: Pipe fitter & plumber.

11. Industry or business: U.S. Govt Powder Factory

FATHER
12. Name: J. Richard Heise
13. Birthplace: Germany.

MOTHER
14. Maiden name: Lillian Bollman.
15. Birthplace: Annapolis, Md

16. Informant: Richard Edward Heise
Address: Indian Head Md.

17. Burial
(Burial, cremation, or removal (Which?)) Date thereof: July 14 1940 (month) (day) (year)

Cemetery or crematory: St. Charles.

Location: Glymont Md.

18. Funeral director: Hunt & Ryon,
Address: Waldorf Md

19. July 13 1940 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 1940, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1940, to _____ 19__, and that I last saw him alive on July 3 1940.

Immediate cause of death: Coronary Fibrosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE: Geo. C. Bicknell Mtr. M. D. or other

Address: Marlow Md Date signed: July 13 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 30 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

07518

Reg. Dist. No. 108

1. PLACE OF DEATH:

County Charles

City or town Hughesville, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

None

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) Life - 87 yrs -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles

City or town Hughesville, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Samuel Philip Herbert

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6 (b) Name of husband or wife Frances J. Herbert

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1853

8. AGE:

Years	Months	Days	If less than one day
87	3	21	hrs. min.

9. Birthplace St Marys Co., Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER

12. Name James W Herbert

13. Birthplace St Marys Co Md

MOTHER

14. Maiden name Susan Higgs

15. Birthplace St. Marys Co Md

16. Informant Francis C Herbert

Address Hughesville Md

17. Burial Date thereof 7-21-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Fields

Location Near Hughesville, Md

18. Funeral director Elmer M. Quade

Address Hughesville, Md

19. 7/21/40 (Date rec'd by registrar) Eva Chappelear (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15* 1940, to July 18 1940 and that I last saw h alive on July 18th 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to	
Due to	
Diher conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louise J Harbaugh M. D. or other

Address Charlotte Hall Date signed 7/19-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164c)

CERTIFICATE OF DEATH

07519

Reg. Dist. No. 125

1. PLACE OF DEATH:
County: Charles
City or town: White Plains
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 17 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: White Plains Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Maurice Hodges

3. (b) Social Security Number: 214-12-7477 (Rev.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Elva Hodges (nee Sellars)
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Febr. 16, 1909

8. AGE: Years	Months	Days	If less than one day
31	5	3	hrs. min.

9. Birthplace: Marshall Hall, Charles, Md. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Pvt. home construction
FATHER 12. Name: William Murdock Hodges
FATHER 13. Birthplace: Pomfret, Md.
MOTHER 14. Maiden name: May Gertrude Hardy
MOTHER 15. Birthplace: Glymont, Md.
16. Informant: Mr. Wm. M. Hodges (father)
Address: White Plains, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/21/40 (month) (day) (year)
Cemetery or crematory: Mt. Rest
Location: La Plata, Md.
18. Funeral director: Hunter & Ryon
Address: Waldorf, Md.
19. July 20 1940 (Date rec'd by registrar) Mrs. Jeremiah T. Mudd. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19, 1940, at 5:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~on~~ July 19 1940, to ~~19~~, and that I ~~last~~ saw him ~~alive~~ on July 19, 1940

Immediate cause of death	DURATION
Gunshot wound of brain, self-	1/2 hr.
~~Due to~~ inflicted	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 7-19-40
Where did injury occur? White Plains (City or town), Charles (County), Md. (State)
Injured at home, farm, industry, public place (where?): At home
Means of injury: Rifle (.22) Injured at work? No

23. SIGNATURE: James L. MacKenzie, M.D., Dep. Med. Examiner (M. D. or other)
Address: La Plata, Md. Date signed: 7-19-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 8 1940
BUREAU V. S.

07520

STATE OF MARYLAND—CERTIFICATE OF DEATH

(830)

1. PLACE OF DEATH

County Charles Registration Dist. No. 104

Village or City Issue No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John B. Johnson

(a) Residence: No. Issue St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Clark

6. DATE OF BIRTH (month, day, and year): June 14, 1862

7. AGE: Years 78 | Months 1 | Days 1 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Turkey Hill Va.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Fannie Johnson

16. BIRTHPLACE (city or town) (State or country): Virginia Nyckowen Va.

17. INFORMANT (Address): Mary V. Burroughs Issue

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Ghost Cem. Date: 7-18-, 1940

19. UNDERTAKER (Address): Hunt & Ryan Waldorf

20. FILED: 7-16-, 1940 T. L. Higdon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) - 15 (Day) - 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-6-, 1940, to 7-15-, 1940

I last saw him alive on 7-6-, 1940; death is said to have occurred on the date stated above, at 6 30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
apoplexy	

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) T. L. Higdon M. D.

(Address) Bryan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 8 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07521

Reg. Diat. No. 104

1. PLACE OF DEATH:

County: Charles

City or town: Rural near Mt. Victoria
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Wisconsico Knoll"

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Washington County:

City or town: Fort Lewis Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George William Lermond

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife: Edith Lloyd Lermond

6(c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): Nov. 29, 1904

8. AGE:

Years	Months	Days	If less than one day
35	7	7	hrs. min.

9. Birthplace: Nahant, Mass.
(Town, county, and state)

10. Usual occupation: Captain, U.S. Army

11. Industry or business:

FATHER
12. Name: George Patrick Lermond
13. Birthplace: Maine

MOTHER
14. Maiden name: Julia Lenehan
15. Birthplace: Mass.

16. Informant: Maj. Wm. Lloyd (father-in-law)
Address: Mt. Victoria, Md.

17. (Burial, cremation, or removal. Which?) Date thereof July 8, 1940 (month) (day) (year)

Cemetery or crematory: National, Arlington

Location: Arlington, Va.

18. Funeral director: Hewitt & Ryon

Address: Waldorf

19. 7-6- 1940 (Date rec'd by registrar) T. L. Heydon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6, 1940, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6, 1940, to 19--, and that I last saw him alive on July 6, 1940

Immediate cause of death	DURATION
Accidental death by conflagration	Minutes
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 7-6-40

Where did injury occur? Mt. Victoria (City or town) Charles (County) Md. (State)

Injured at home, farm, industry, public place (where?): House

Means of injury: House burned down Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D., Dep. Med. Examiner
M. D. or other

Address: La Plata, Md. Date signed: 7-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07522

Reg. Dist. No. 104

1. PLACE OF DEATH:

County: Charles

City or town: Rural near Mt. Victoria
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Wicomico Knoll"

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Washington County:

City or town: Fort Lewis Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George William Lennard Jr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Febr. 2, 1935

8. AGE:

Years	Months	Days	If less than one day
5	4	7	hrs. min.

9. Birthplace: Garrisland, New York, N.Y.
(Town, county, and state)

10. Usual occupation: Child

11. Industry or business:

FATHER
12. Name: George William Lennard
13. Birthplace: Nahant Mass.

MOTHER
14. Maiden name: Edith Lloyd
15. Birthplace: El Paso, Texas

16. Informant: Maj. Wm. Lloyd,
Address: Mt. Victoria, Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day), (year)
Cemetery or crematory: National Arlington
Location: Arlington Va.

18. Funeral director: Hamill & Ryan
Address: Waldorf

19. 7-6-1940 (Date rec'd by registrar) L. L. Register Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6 1940, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1940, to 19; and that I last saw him alive on July 6 1940.

Immediate cause of death: Accidental death by conflagration — DURATION: Minutes

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 7-6-40
Where did injury occur? Mt. Victoria (City or town) Charles (County) Md. (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: House burned down Injured at work? No

23. SIGNATURE: James L. MacKenzie, M.D., Dep. Med. Examiner
M. D. or other
Address: La Plata, Md. Date signed: 7-6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183) CB

07523

CERTIFICATE OF DEATH

Reg. Dist. No. 114

1. PLACE OF DEATH:

County: Charles

City or town: Potomac River offshore Morgantown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED: Last known residence:
(For newborn infants give residence of mother)

State: So. Carolina County:

City or town: Sharon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles E. McGuckin

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Either married or widowed

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: About 55 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name

13. Birthplace

MOTHER: 14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20, 1940 (month) (day) (year)

Cemetery or crematory: Oakland Cemetery

Location: Waldorf, Md.

18. Funeral director: Hewitt + Ryan

Address: Waldorf, Md.

19. 7 – 16 – 1940 (Date rec'd by registrar) E. L. Higgins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14 or 15, 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on July 16 1940 ~~to~~ ~~18~~, and that I ~~last~~ saw him ~~alive~~ on July 16 1940.

Immediate cause of death: Drowning, probably accidental

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

DURATION: minutes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Prob. accident Date of July 14 or 15, 1940

Where did injury occur? Potomac River (City or town), Charles (County), Md. (State)

Injured at home, farm, industry, public place (where?): River

Means of injury: ? Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D., Dep. Med. Examiner (M. D. or other)

Address: La Plata, Md. Date signed 7-18-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

07524

Reg. Dist. No. 76/10 Y

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Rural near Doncaster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Aunt Mary's Farm"

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near Doncaster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. "Aunt Mary's Farm"
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Nathan Chadwick Moore

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary Lorene Moore (nee Bowling)

6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): May 22, 1888

8. AGE:

Years	Months	Days	If less than one day
52	1	26	hrs. min.

9. Birthplace: Rochester, N.Y.
(Town, county, and state)

10. Usual occupation: Cabinet maker

11. Industry or business: Private shop

FATHER
12. Name: Henry John Moore
13. Birthplace: Victor, N.Y

MOTHER
14. Maiden name: Hattie Chadwick
15. Birthplace: , N.Y.

18. Informant: Mrs. Nathan C. Moore (wife)

Address: Doncaster, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 7/19/40 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location:

18. Funeral director: Huntt & Ryon

Address: Waldorf, Md.

19. 7/19 (Date rec'd by registrar) 1940 Mary Sweetland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18, 1940, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6, 1940, to July 18 1940, and that I last saw him alive on July 17, 1940

Immediate cause of death	DURATION
Coronary thrombosis	3 seconds
Due to: Coronary artery disease	Unknown
Due to:	
Other conditions: Chronic bronchitis with emphysema	20 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKenzie, M.D.
M. D. or other

Address: La Plata, Md. Date signed 7-18-40

RECEIVED
AUG 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

07525

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles

City or town La Plata Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Washington Craig Page

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaretta Eliz. Page (nee Moale) 6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Febr. 25, 1858

8. AGE: Years 82 | Months 4 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Port Tobacco (now Pomfret), Charles, Md.
(Town, county, and state)

10. Usual occupation Commission merchant (retired)

11. Industry or business Wholesale tobacco & grain

FATHER 12. Name Horatio Claggett Page

FATHER 13. Birthplace Alexandria, Va.

MOTHER 14. Maiden name Mary Ann Briscoe,

MOTHER 15. Birthplace Port Tobacco, Md.

16. Informant Mrs. Wash. C. Page (wife)

Address La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/24/40 (month) (day) (year)

Cemetery or crematory Int. Rest.

Location La Plata, Md

18. Funeral director Hunt & Ryon

Address Waldorf Md.

19. July 23 1940 (Date rec'd by registrar) Mrs. Lillian E. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940, at 2:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1940, to July 22 1940, and that I last saw him alive on July 21, 1940

Immediate cause of death	DURATION
Congestive heart failure	4 weeks
Due to Chronic myocardial degeneration	10 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. MacKavanagh, M.D.
M. D. or other

Address La Plata, Md. Date signed 7-23-40

RECEIVED
AUG 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07526

1. PLACE OF DEATH

County Charles Registration Dist. No. 106

Village or City Marshall Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Drucella Schmidt If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Richmond, Va.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Charles A Schmidt

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) July 1940 | 11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) Richmond (State or country) Va.

FATHER

13. NAME William Miles Eacho

14. BIRTHPLACE (city or town) Henrico County (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) Henrico County (State or country) Va.

17. INFORMANT Richard Lee Eacho (Brother) (Address) Miami Fla.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Richmond, Va. Date July 4, 1940 Oakwood Cemetery

19. UNDERTAKER Joseph E. Kibley (Address) Richmond Va.

20. FILED July 3, 1940 Odey Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 3 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from did not attend, 19 to 19

I last saw h alive on 19 ; death is said to have occurred on the date steted above, at 12.15 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/3/40
Other Contributory Causes of Importance: Cerebral Hemorrhage	1938
Hypertensive Heart Disease	1930

Name of operation None Date of —

Whet test confirmed diagnosis? None Wes there an autopsy? No

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was diseasa or injury in any way ralated to occupetion of dacaesad? No

If so, specify

(Signed) Franklin Simpson M. D.

(Address) Anderson Hosp. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 3 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59-a)

CERTIFICATE OF DEATH

07527

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Rural near La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near La Plata Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Henry Taylor

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife: Liza Taylor (nee Brawner)

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): September 11, 1862

8. AGE: Years	Months	Days	If less than one day
77	10	14	hrs. min.

9. Birthplace: White Plains, Charles, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Tenant farmer

FATHER
12. Name: William Taylor
13. Birthplace: Charles Co., Md.

MOTHER
14. Maiden name: Caroline Thomas
15. Birthplace: Charles Co., Md.

16. Informant: Mary Jones (daughter)
Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/27/40 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: La Plata, Md

18. Funeral director: Hunter & Ryon

Address: Waldorf, Md

19. July 25 1940 (Date rec'd by registrar) Mrs. Lillian E. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25, 1940, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August, 1937, to July 25 1940, and that I last saw h[illegible] alive on July 22, 1940

Immediate cause of death	DURATION
Congestive heart failure	24 hrs.
Due to: Chronic infectious ("rheumatoid") arthritis	21 yrs.
Due to:	
Other conditions: Chronic deep bedsores (Include pregnancy within 3 months of death)	2 yrs

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: James L. MacKaverogh, M.D.
M. D. or other

Address: La Plata, Md. Date signed 7-25-40

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AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07528

(8)

1. PLACE OF DEATH

County Chas. Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Thomas

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 13 1940

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
Still born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hughesville (State or country) Md

FATHER

13. NAME Joe Thomas

14. BIRTHPLACE (city or town) Pow Gen Co (State or country) Md

MOTHER

15. MAIDEN NAME Marian Love

16. BIRTHPLACE (city or town) Chas Co (State or country) Md

17. INFORMANT Alexia Cole (Address) Hughesville

18. BURIAL, CREMATION, OR REMOVAL Place Chas. Chapel Date July 13, 1940

19. UNDERTAKER Jno. Henry Cole (Address) Hughesville Md

20. FILED July 13, 1940 Evan Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1940, to July 13, 1941

I last saw h[illegible] alive on dead, 19; death is said to have occurred on the date stated above, at 9 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Born dead	
premature birth	
8 mo. as per	
report of midwife	
Alexia Cole	

Other Contributory Causes of Importenca:

Name of operation — Date of —

Whet test confirmed diegnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? — Deta of Injury —, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Evan Chappelear (Sub-Reg.) M. D.

(Address) Hughesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(131-C)

07529

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: Charles
County
City or town Bryans Road.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 94 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sidney Alexander Thompson

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Nancy Mahoney Thompson
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) (Day & month not known) 1846

8. AGE: Years 94 | Months — | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace: Charles County Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Own Farm.

FATHER
12. Name: William Thompson
13. Birthplace: Chas. County, Md.

MOTHER
14. Maiden name: Not Known
15. Birthplace: Chas. County, Md.

16. Informant: William Thompson (Son)
Address: Bryans Road, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12, 1940 (month) (day) (year)
Cemetery or crematory: Metropolitan M.E. Church Cemetery
Location: Pomonkey, Md.

18. Funeral director: I. T. Stewart
Address: 614 4th St. S.W. Wash. D.C.

19. 7-9- 1940 (Date rec'd by registrar) M. E. Ransome D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 9 1940, at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1940, to July 9 1940, and that I last saw him alive on July 8 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 4 years
Due to: Senility — 5 years
Due to:
Other conditions: Chronic nephritis, Chronic prostatis
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: Frank G. Susan M.D. M. D. or other
Address: Indian Head, Md. Date signed 7/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07530

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (1702)

County Charles Registration Dist. No. 106

Village or City Naval Powder Factory, Indian Head No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Tayer If U. S. Veteran, specify WAR

(a) Residence: No. Marlbury, Md. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1921

7. AGE	Yeers	Months	Deys	If LESS then 1 dey, hrs. or min.
	19	4	29	

OCCUPATION

8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed lest worked et this occupation (month end year)

11. Totel time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Marlbury, (Stete or country) Md.

FATHER

13. NAME Robert Tayer,

14. BIRTHPLACE (city or town) Pomfrey, (State or country) Md.

MOTHER

15. MAIDEN NAME Agnes Henson,

16. BIRTHPLACE (city or town) Pisgah, (State or country) Md

17. INFORMANT Robt. Tayer (father) (Address) Marlbury, Md.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Gallamont Md Dete 7/10, 1940

19. UNDERTAKER Penny & Cofer (Address) Mason Springs Md

20. FILED July 9, 1940 Odey Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 8 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on July 8, 19 40 ~~to~~ ~~19~~

I ~~last saw him alive~~ on July 8, 19 40; deeth is seid to heve occurred on the dete steted ebove, at 1:00 A.m.

The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:

	Date of onset
Crushing wound of chest and lungs due to	
Automobile accident	7-8-40
(lived one hour)	
Other Contributory Causes of Importance:	
Multiple contusions and prob. slight cerebral concussion	7-8-40

Name of operetion Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury July 7, 19 40

Where did injury occur? Pisgah Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. State highway — public place

Menner of injury Auto turned over on him

Neture of injury Crushed chest

24. Wes disease or injury in any wey releted to occupetion of deceased? No

If so, specify -

(Signed) James L. MacKaverych, M.D. Dep. Med. Examiner

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

AUG 3 1940
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-g)

07531

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Wiconico Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. South
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ~~South~~

3. (a) FULL NAME: Francis Washington

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 22, 1940

8. AGE: Years | Months: 5 | Days: 10 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore, Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Bruce Tengleman
13. Birthplace: Unknown

MOTHER
14. Maiden name: Margaret Washington
15. Birthplace: Charles Co., Md.

16. Informant: Margaret Washington, (mother)
Address: Wiconico, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 7/3/40 (month) (day) (year)

Cemetery or crematory: St. Mary's Cemetery

Location: New Port, Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md.

19. July 2nd 1940 (Date rec'd by registrar) Lillian Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2, 1940, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1940, to July 2 1940, and that I last saw him alive on July 1, 1940.

Immediate cause of death	DURATION
Fulminating septicemia (organism undetermined)	12 hrs.
Due to Not an inflammatory condition. Chronic atrophic gastro-enteritis	5 months
Due to Congenital malformation of digestive system. Congenital structural deficiency;	[illegible]
~~Other conditions~~ possibly on syphilitic basis. Patient never had diarrhoea.	

(Include pregnancy within 3 months of death)

Major findings: Atrophy of intestinal mucosa; thickening of underlying tissues.

Df operations: X

Df autopsy: Listed under cause of death

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE: James L. MacKavanagh, M.D. (M. D. or other)

Address: La Plata, Md. Date signed: 7-2-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C B.C. I T

RECEIVED
AUG 8 1940
BUREAU V. S.

07532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Potomac River – washed ashore Indian Head, U.S. Naval Powd. Factory
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): Visiting for afternoon

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County: [redacted]

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4036 – K St., N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Henry Young

3. (b) Social Security Number: 579-09-8956

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 18, 1874

8. AGE: Years: 65 Months: 8 Days: 20 If less than one day ____ hrs. ____ min.

9. Birthplace: Rappahannock, Va. (Town, county, and state)

10. Usual occupation: Ironworker (retired)

11. Industry or business: Odd jobs

FATHER
12. Name: William Young,
13. Birthplace: Rappahannock, Va.

MOTHER
14. Maiden name: Nancy Jewell,
15. Birthplace: Rappahannock, Va.

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9 1940 (month) (day) (year)

Cemetery or crematory: Walkers Chapel,

Location: Va.

18. Funeral director: W. W. Chambers,

Address: Wash., D.C.

19. July 8 1940 (Date rec'd by registrar) Odey Kuse (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5, 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on July 8 1940, ~~to~~ ~~19~~, and that I ~~last~~ saw him ~~alive~~ on July 8, 1940.

Immediate cause of death: Accidental drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

DURATION: Minutes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of 7-5-40

Where did injury occur? Potomac River (City or town), Charles (County), Md. (State)

Injured at home, farm, industry, public place (where?): Public place – river

Means of injury: Fell out of boat Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D., Dep. Med. Examiner (M. D. or other)

Address: La Plata, Md. Date signed 7-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 18 1940
BUREAU V. M.